

CLAIMS ONLY

Application Number:

" Filling" Date

101764477

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 312319		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	1					
2		1				
3						
4		1				
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46						
47						
48						
49						
50						
Total Indep.	6					
Total Depend.	14					
Total Claims	20					